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FILED,

United States District Court Northern District of Illinois

Jenssen Clark Plaintiff

V.

JUN 11 2007 )

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MICHAEL W. BOSSINS)

SLERK, U.S. BISTRIST SOURT

University of Illinois at Chicago

**Board of Trustees** 

Robert True Ruth Kross Jim O'Connor

Prem Jain Defendants 07CV3281 JUDGE KENNELLY MAGISTRATE JUDGE ASHMAN

## **COMPLAINT**

On Tuesday, January 16, 2007 at approximately 1:00pm Ruth Kross Patient Service Manager in the Nutritional Service Department verbally and physically assaulted staff member Jenssen Clark. Around 1:00pm I was given permission by the area supervisor to go on break. Just prior to going on my break, I proceeded to bring the remaining pots from the cafeteria to the pot area and while there I picked up a drink so that I could take my break. When I returned to the pot area with the pots I was confronted by Ms. Kross who wanted to know why I had a drink in my hand. I informed her that I was given permission to go on break and just wanted to bring down the cart of dirty pans from the cafeteria to the pot area before I left.

At this point Ms. Kross proceeded to grab my arm and shoved me saying "go ahead on, go ahead on". I asked her why she had to shove me when I was explaining to her why I had the drink. I also expressed to her that she should never place her hands on me and that she can verify with the area supervisor that I was authorized to go on break. We found the area supervisor who confirmed that I was to go on break at which point I proceeded to do so. Prem Jain and other employees were there to witness the actions of Ms. Kross. This is the third occasion that I have been verbally assaulted by Ms. Kross and each time they have escalated leading to this latest physical assault.

I have corresponded with the union several times regarding the verbal abuse and harassment I have received from Ms Kross and the department. More specifically the incident on 9/11/06 where Ms. Kross asked me in an extremely rude way, and in front of another coworker and a new manager, "what was in my mouth". The second incident occurred on 11/30/06 where Ms. Kross yelled and screamed at me in front of other coworkers and customers for allegedly arriving at 9:15am for a 6:00am scheduled arrival. Both these incidences were reported to the union and presumably addressed. Her behavior was unacceptable and demeaning then and continues to be so to this day.

In addition to these instances, I am continually being abused and harassed regarding my schedule and issued letters of warnings without just cause. Changes are continuously

being made to the schedule that were made without my knowledge and are not communicated to me until the day of or not at all. The Manager, Ruth Kross, is scheduling me to work multiple schedules which violates the service and maintenance bargaining agreement. I am the only individual who is scheduled at 3 or 4 different times during a week. As well, I am the only individual who is schedule to work in all the various areas of the cafeteria. These changes and schedule variances are against the union contract. Finally, I was not paid for 8 hours of sick benefits while on FML (Family Medical Leave) time covering January 4, 2007 thru January 16, 2007.

The court has jurisdiction over this case because the U.S. government is a defendant and it involves a federal law.

I would like the courts to find the defendants guilty of discrimination and violating my civil rights and I seek damages in the amount of thirty million (\$30,000,000) dollars.

Jenssen Clark

P.O. Box 377543

Chicago, IL 60637

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CHARGE OF DISCRIMINATION	Charge	Charge Presented To:		Agency(ies) Charge No(s):				
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	FEPA							
Statement and duter information delice completing this form.	X	EEOC		440-	2007-03759			
Illinois Department Of Human Rights and EEOC								
State or local Agent Name (indicate Mr., Ms., Mrs.)	cy, if any	Home Ph	none (Incl. Area C	Code)	Date of Birth			
Mr. Jenssen Clark	(312) 593-96			· ·				
Street Address City, State and	d ZIP Code	<u> </u>						
P. O. Box 377543, Chicago, IL 60637								
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)								
Name		No. Employees, Members			Phone No. (Include Area Code)			
UIC MEDICAL CENTER		500 or More		(312) 996-7000				
Street Address City, State and A740 NM. Toylor Street Chicago II 60642	d ZIP Code							
1740 W. Taylor Street, Chicago, IL 60612	No Employees Members P			Phone I	No. (Include Area Code)			
Name		No. Employees, Members		Prione No. (Include Area Code)				
Street Address City, State and ZIP Code								
DISCRIMINATION BASED ON (Check appropriate box(es).)  DATE(S) DIS  Earli				CRIMINATION TOOK PLACE est Latest				
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	IER (Specify below	v.)						
				CONTINUING ACTION				
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):								
I was hired by Respondent on August 28, 2005. My most rough the present, I have been subjected to und times and disciplined.								
I believe that I have been discriminated against because of Civil Rights Act of 1964, as amended, and my age, 41 (D.C in Employment Act of 1967, as amended.								
REJEWED ELUC								
MAR 1 5 2007								
CHICAGO DISTRICT OFC								
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY - Whe	n necessary fo	or State and Loca	I Agency R	Requirements			
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.  SIGNATURE OF COMPLAINANT							
Mar 15, 2007	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)							
Date Charging Party Signature								

EEOC Form 5 (5/01)

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CHARGE OF DISCRIMINATION	Charg	Charge Presented To: Agency(ies) Charge No(s):			es) Charge No(s):			
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act	FEPA							
Statement and other information before completing this form.	mpleting this form.			440	40-2007-03759			
Illinois Department Of Human Rights and EEOC								
State or local Agen	T Home	Phone (Incl. Area C	Code)	Date of Birth				
Name (indicate Mr., Ms., Mrs.)  Mr. Jenssen Clark			12) 593-967					
				1_				
P. O. Box 377543, Chicago, IL 60637								
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)								
Name	No.				No. (Include Area Code)			
UIC MEDICAL CENTER	500 or M		or More	(312) 996-7000				
Street Address City, State an	nd ZIP Code							
1740 W. Taylor Street, Chicago, IL 60612		Dhara Na (Indiada Area C			No. (Include Area Code)			
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THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):								
I was hired by Respondent on August 28, 2005. My most 28, 2006, through the present, I have been subjected to use times and discipline. Since in or around January of 200 Respondent of the difference in treatment. Most recently complaint of discrimination. Subsequent, I have been supply physical abuse.  I believe that I have been discriminated against because of	unequal terr 05, I have r ly, on or ab subjected to	ms and repeated out Jan o discipl	conditions, solidly made pro luary 16, 20 linary action	such a otected 07, I f s, verl	s different start I complaints to iled an internal cal abuse, and			
for protected complaints in violation of the Civil Rights Act discriminated against because of my age, 41 (D.O.B. Employment Act of 1967, as amended.	of 1964, as	amende	also be	lieve ti	hat⊣ have been ∣			
	MAR 22 2007							
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I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – When necessary for State and Local Agency Requirements							
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.  SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)							
Mar 15, 2007								
Date Charging Party Signature					ļ			